1-164395

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

RURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

	_
OMB APPI	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden
hours per respon	

SEC USE ONLY								
Prefix	Serial							
DATE	RECEIVED							
1	·							

SECTION 4(6), AND/OR	DATE RECEIVED
unifórm limited offering exemi	PTION
Name of Offering (check it this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ ULOE
A. BASIC IDENTIFICATION DATA	18 18 18 18 18 18 1
t. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	04007952
Accerant Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 20863 Stevens Creek Blvd., Suite 560, Oxpertino, CA 95014	Telephone Number (Including Area Code) (408) 736–5897
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above	Telephone Number (Including Area Code)
Brief Description of Business	
The Application Control of the Contr	PROCESSE
Type of Business Organization Corporation Imited partnership, already formed other (plane) business trust limited partnership, to be formed	ease specify): FEB 13 2004
Month Year Actual or Estimated Date of Incorporation or Organization: OB OT 1 X Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	ated THOMSON FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- attention -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			a. Basic II	ENT	FICATION DATA				the second
2. Enter the information r	equested for the fe	ollowin	g:	_		,			
 Each promoter of 	the issuer, if the is	ssuer h	as been organized	within	the past five years;				
 Each beneficial ov 	vner having the po	wer to v	ote or dispose, or d	irect t	he vote or dispositio	n of, 1	0% or more	of a cla	ss of equity securities of the issuer
 Each executive of 	ficer and director	of corp	orate issuers and o	f corp	orate general and m	anagin	g partners o	f partn	ership issuers; and
e Each general and	managing partner	of partr	nership issuers.						
Check Box(es) that Apply:	Promoter	Ď	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Swe-Den Tsai & C	•	Sai					· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	ess (Number and	Street,	City, State, Zip C	ode)					
6th Floor, No.	2, Lane 6,	Siv	wei Road, 1	Cair	ei. Taiwan.	R_C) C		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Evermore Investm	ent, Inc.	etc.	•						
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)					
12800 Dunlap St	reet. Hous	ton.	Texas 770	85					
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, in Roger H Chu & We		1							
Business or Residence Address	ss (Number and	Street,	City, State, Zip Co	ode)					
19499 Eric Drive	, Saratoga	. C2	A 95070						
Check Box(es) that Apply:	Promoter	•	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	ss (Number and	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	E	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	Street,	City, State, Zip Co	d e)	······································				
Check Box(es) that Apply:	Promoter	E	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)				1,				
Business or Residence Addres	s (Number and	Street, (City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	E	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	Street, (City, State, Zip Co	de)	1.7.				
	(Use blan	k sheet	, or copy and use a	additio	onal copies of this si	heet, a	s necessary)		

-5					В.	INFORMA	IION ABO	ut öffer	ING	÷		4	
1.	Has the	e issuer sol	d, or does t	he issuer i	ntend to s	ell, to non-	accredited	investors i	n this offer	ing?		Yes · □	No
	Tius the	7 155401 501	.u, 01 u000 i			n Appendi:						· L.	ш
2.	What is	the minin	num investr	nent that v	vill be acc	epted from	any indivi	dual?			•••••••	\$ <u>30,</u>	,000
		20.										Yes	No
3.			permit join										Ш
4.	commis If a pers	ssion or sim son to be lis s, list the n	nion reques nilar remune sted is an as ame of the b , you may s	ration for sociated por broker or d	solicitation erson or ag ealer. If m	n of purchas ent of a bro ore than fiv	sers in conn ker or deal re (5) perso	ection with er registere ns to be lis	n sales of se d with the s ted are asso	curities in 1 SEC and/01	the offering with a state	2	
Ful	l Name (Last name	first, if ind	ividual)		•							
Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	sociated Bi	roker or De	aler			~	<u> </u>					
Stat			Listed Has										
	(Check	"All States	s" or check	individual	States)	•••••	*******	•••••			***************************************		1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full	Name (I	Last name	first, if indi	vidual)			····						
Bus	iness or	Residence	Address (N	Jumber an	d Street, C	City, State,	Zip Code)				· · · · · · · · · · · · · · · · · · ·		
Nam	ne of Ass	ociated Br	oker or Dea	ıler					····	<u>, </u>	· -		
Stat			Listed Has								:		
	(Check	"All States	" or check	individual	States)				·······			All	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full	Name (I	ast name	first, if indi	vidual)									
Busi	iness or	Residence	Address (N	umber and	d Street, C	ity, State, 2	Zip Code)						
Nam	ne of Ass	ociated Br	oker or Dea	ler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit 1	Purchasers						
	(Check '	'All States	" or check i	ndividual	States)	• • • • • • • • • • • • • • • • • • • •						☐ All	States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

COFFERING PRICE, NUMBER OF INVESTIORS, EXPENSES AND USE OF PROGEEDS

ł.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		٠.
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	Common Preferred	· — · · · · · · · · · · · · · · · · · ·	•
	Convertible Securities (including warrants)	\$110 nhn	\$ 1 1 0 0 0 0
	Partnership Interests		•
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		11-07-00-0
۷.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ <u>110,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	·	\$
	Regulation Ã		\$
	Rule 504		\$
	Total		\$
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$_1,000
	Accounting Fees	·	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
	and total expenses furnished in response to P	ate offering price given in response to Part C — Q art C — Question 4.a. This difference is the "adjustion"	sted gross	_{\$} 109,000
5.	each of the purposes shown. If the amour	gross proceed to the issuer used or proposed to be not for any purpose is not known, furnish an estime total of the payments listed must equal the adjust to Part C — Question 4.b above.	mate and	
			Payments t Officers, Directors, & Affiliates	
	Salaries and fees		\$	\$
	Purchase of real estate		S	[\$
	Purchase, rental or leasing and installation and equipment	of machinery	万 \$	Л\$
	· -	and facilities		
		the assets or securities of another		
				
			-	
			\$	🗆 \$
			 [] \$	\$
	Column Totals		[] \$	\$
	Total Payments Listed (column totals adde	d)	X_\$_	110,000
		್ರೆ D. federal signature ್ಷ		June 1
ign	ature constitutes an undertaking by the issue	by the undersigned duly authorized person. If the to furnish to the U.S. Securities and Exchange on-accredited investor pursuant to paragraph (b	Commission, upon wri	
	er (Print or Type)	Signature C. R. Chan	Date 11/11/03	
	e of Signer (Print or Type)	Title of Signer (Prent or Type)		***************************************
arr	• , , , , , , , , , , , , , , , , , , ,	•		

ATTENTION

		E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 pr provisions of such rule?	resently subject to any of the disqualification Yes No
	See	Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	furnish to any state administrator of any state in which this notice is filed a notice on Form ed by state law.
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, information furnished by the
4.		suer is familiar with the conditions that must be satisfied to be entitled to the Uniform tate in which this notice is filed and understands that the issuer claiming the availability ning that these conditions have been satisfied.
	er has read this notification and knows the conte horized person.	ents to be true and has duly caused this notice to be signed on its behalf by the undersigned
Issuer (P	rint or Type)	Signature Date
Accer	ant Inc.	C. P. Chan 11/11/03
Name (P	rint or Type)	Title (Print or Type)
C. P	. Chang	Issuer's Counsel

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				A	PPENDIX					
1	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		Disqua under St (if yes, explan waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA			Equity \$110,000	3	\$110,000					
СО										
CT										
DE	~									
DC	 									
FL	· · · · · · · · · · · · · · · · · · ·									
GA										
HI										
ID										
IL					,					
IN	· ———						·			
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI			-							
MN										
MS										

APPENDIX 4 1 2 5 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State investors in State waiver granted) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NV NH NJ NM NY NC ND OH OK OR PΑ RI SC SD TN TXUT VT VA WA WVWI

1	2 3 Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			APP	Disqua under St (if yes, explan waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)			
State WY	Yes	No	(Part C-Item 1)	Number of Accredited Investors	(Part	Number of Non-Accredited Investors	Amount	(Part E.	No
PR									